

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO				<i>Complete if Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				Application Number	10/759,298-Conf. #7183
				Filing Date	January 20, 2004
				First Named Inventor	Shunichi SEKIGUCHI
				Art Unit	2621
				Examiner Name	T. T. Vo
Sheet	1	of	2	Attorney Docket Number	
				2565-0277P	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.